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[Signature]

PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

3

Application Number 09/732,066

Filing Date December 7, 2000

First Named Inventor Craig S. Skinner

Art Unit 2134

Examiner Name Tran, Ellen C.

Attorney Docket Number 3538.PALM.PSI

### ENCLOSURES (Check all that apply)

☐ Fee Transmittal Form

☐ Fee Attached

☐ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/  
Incomplete Application

☐ Reply to Missing Parts  
under 37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a  
Provisional Application  
☒ Power of Attorney, Revocation  
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

☐ After Allowance Communication to TC

☐ Appeal Communication to Board  
of Appeals and Interferences

☐ Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☐ Other Enclosure(s) (please identify  
below):

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Berry & Associates P.C.

Signature

Printed name

Reena Kuyper

Date

November 24, 2004

Reg. No.

33,830

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November 24, 2004

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/732,066
Filing Date	December 7, 2000
First Named Inventor	Craig S. Skinner
Art Unit	2134
Examiner Name	Tran, Ellen C.
Attorney Docket Number	3538.PALM.PSI

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number:

50-3102

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

50-3102

**OR**

☐ Firm or  
Individual Name

Address

City

State

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Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

John Shinn - Associate General Counsel, Palm Source Inc.

Date

October 8, 2004

Telephone

(408) 400-1569

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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